

Carbon Absorber Exit Duct Perchloroethylene Concentration Log

Name of Facility: _____ Year: _____ Checked By: _____

Street Address: _____ City: _____ State: ____ Zip Code: _____

Note: Perc Concentration In The Exit Duct Must Be Less Than 100 ppmv

Week	PPMv Perc	Comments	Week	PPMv Perc	Comments
1.			27.		
2.			28.		
3.			29.		
4.			30.		
5.			31.		
6.			32.		
7.			33.		
8.			34.		
9.			35.		
10.			36.		
11.			37.		
12.			38.		
13.			39.		
14.			40.		
15.			41.		
16.			42.		
17.			43.		
18.			44.		
19.			45.		
20.			46.		
21.			47.		
22.			48.		
23.			49.		
24.			50.		
25.			51.		
26.			52.		